

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NP058 MAIN Date of Visit: 1/27/20

Contractor Personnel on Site:

1. PHIL
2. Tim GAUSMAN

Work Performed:

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - CSS 23186 WO 6506

Asset #	Qty	Asset Description
		BMS NOT WORKING
		HEATING SYSTEM NOT WORKING
		RESET ALL ALARMS & CONTROLLERS TO WORK MANUALLY
		CHECK ALL SENSORS AND UFD CONTROLS
		BY PASS AND CHANGE SET POINTS
		CHANGE PATTERNS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WATKINS

Signed: [Signature] Date: 1/27/20

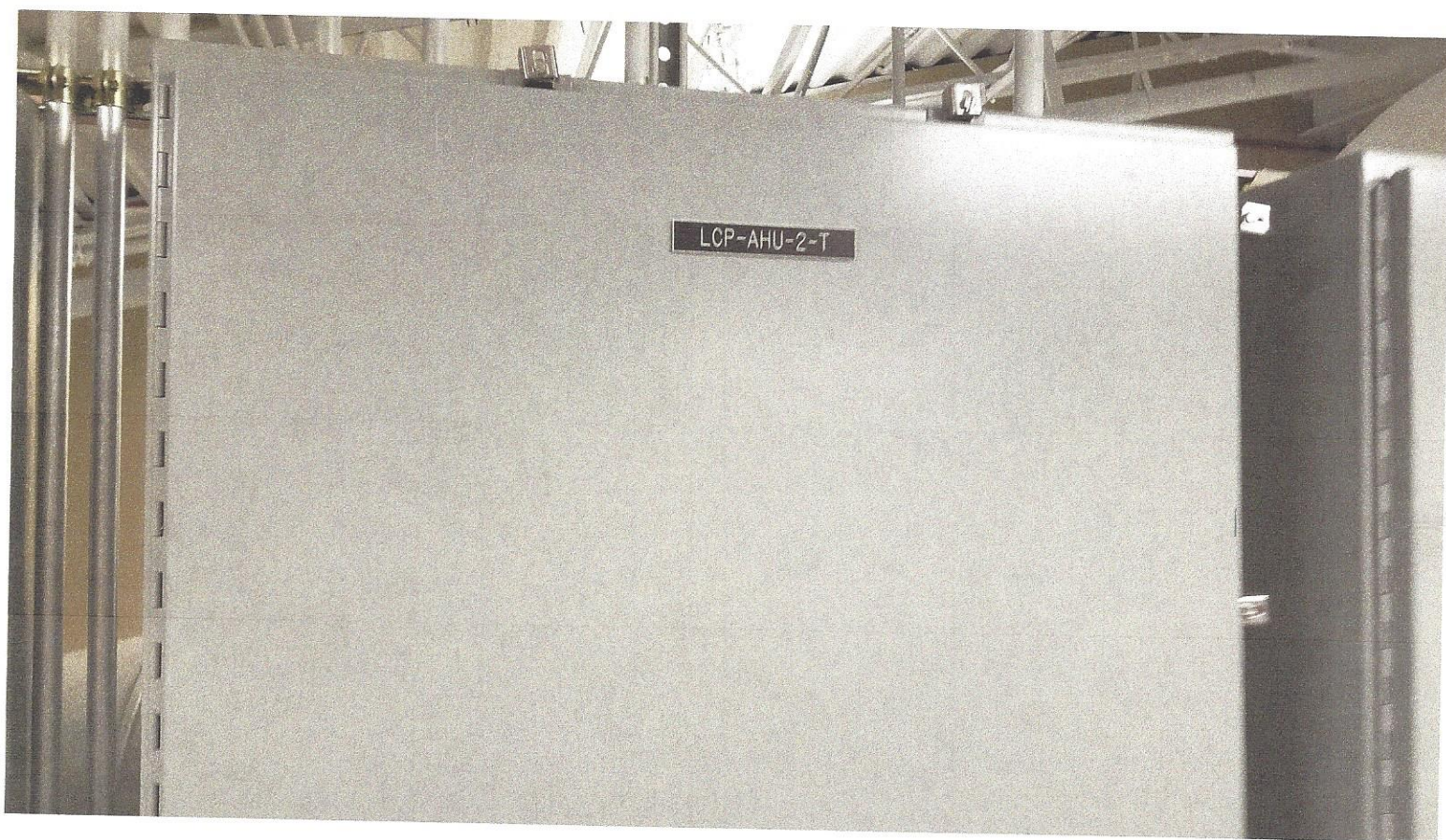
To be signed by Facility Manager:

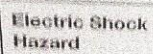
I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Robert Penner Date: 1/27/20

Signed: 

E-Mail: _____





Can cause severe personal injury or death

Turn off electrical power before removing this panel.

Service must be performed by a qualified service person.

HRU-1-7

[illegible]

